

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)
MAR 23 2000

PROGRAM MANAGEMENT BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number - REGION 5

I L D 9 5 3 0 9 6 4 7

II. Name of Installation (Include company and specific site name)

B A S F C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 5 0 0 L a t h e m S t r e e t

Street (Continued)

City or Town

B a t a v i a

State

I L

Zip Code

6 0 5 1 0

County Code

0 8 9

County Name

K a n e

US EPA RECORDS CENTER REGION 5

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1 5 0 0 L a t h e m S t r e e t

City or Town

B a t a v i a

State

I L

Zip Code

6 0 5 1 0

- 1 5 0 0

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

C u r r y J r .

(First)

G e o r g e W i l l i a m

Job Title

H S & E M a n a g e r

Phone Number (Area Code and Number)

6 3 0 - 8 7 9 - 6 8 0 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

B A S F C o r p o r a t i o n

MAR 13 2000

Street, P.O. Box, or Route Number

3 0 0 0 C o n t i n e n t a l D r i v e N o r t h

IEPA-DLPC

City or Town

M o u n t O l i v e

State

N J

Zip Code

0 7 8 2 8 -

Phone Number (Area Code and Number)

9 7 3 - 4 2 6 - 6 9 8 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

☒

No

Date Changed

Month

Day

Year

0 3 0 1 2 0 0 0

3/29/00
AK

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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)

☒ a. Greater than 1000kg/mo (2,200 lbs.)

☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)

☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

☐ a. For own waste only

☐ b. For commercial purposes

Mode of Transportation

☐ 1. Air

☐ 2. Rail

☐ 3. Highway

☐ 4. Water

☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace

☐ a. Smelting, Melting, and Refining Furnace Exemption

☐ b. Small Quantity On-Site Burner Exemption

☐ 5. Underground Injection Control

B. Universal Waste Activity

☐ Large Quantity Handler of Universal Waste

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)

☐ a. Transporter

☐ b. Transfer Facility

2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

☐ a. Processor

☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1

F 0 0 3

7

2

F 0 0 5

8

3

D 0 0 7

9

4

D 0 0 5

10

5

11

6

12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

1. Ignitable (D001)

2. Corrosive (D002)

3. Reactive (D003)

4. Toxicity Characteristic

☒

☐

☐

☐

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1

2

3

4

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

George W. Curry Jr. HS&E Manager

3/01/00

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

EPA Form 8700-23 (Rev. 12/99)

- 2 of 2 -

This Deed Prepared By:

Kathleen M. Curran
Jones, Day, Reavis & Pogue
Chicago, IL 60601-1692

After Recording Return To:

BASF
3000 Continental Drive North
Mt. Olive, New Jersey 07828
Attention: Real Estate Counsel

Send Subsequent Tax Bills To:

BASF Corporation
3000 Continental Drive North
Mt. Olive, New Jersey 07828
Attention: Real Estate Counsel

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MAR 23 2000

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

RECEIVED
APR 27 2000

Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

SPECIAL WARRANTY DEED

This Special Warranty Deed is made this 1st day of March, 2000, by and between **MORTON INTERNATIONAL, INC.**, an Indiana corporation, formerly known as New Morton International, Inc., an Indiana corporation, (the "**Grantor**"), having an address at 100 North Riverside Plaza, Chicago, Illinois 60606-1596 and **BASF CORPORATION**, a Delaware corporation (the "**Grantee**"), having an office at: BASF Corporation, 3000 Continental Drive North, Mt. Olive, New Jersey 07828.

WITNESSETH, that Grantor, for and in consideration of the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable consideration, in hand paid by Grantee, the receipt and sufficiency whereof is hereby acknowledged, by these presents does hereby **FEMISE, RELEASE, ALIEN AND CONVEY** unto Grantee, and to its successors and assigns, **FOREVER**, the property described on Exhibit A attached hereto and made a part hereof, which property is situated in the County of Kane and State of Illinois (the "**Property**"). The Property hereby conveyed is conveyed subject to covenants, conditions and restrictions of record; public and utility easements; special governmental taxes or assessments for improvements not yet completed; unconfirmed special governmental taxes or assessments; general real estate taxes not yet due and payable at the date of closing; and all other matters of record (the "**Permitted Exceptions**").

Together with all and singular the hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversions, remainder and remainders, rents, issues, and profits thereof, and all the estate, right, title, interest, claim, or demand whatsoever of Grantor, either in law or equity, of, in and to the Property with the hereditaments and appurtenances: **TO HAVE AND TO HOLD** the said Property with the appurtenances, unto the Grantee and its successors and assigns forever.

And the Grantor, for itself, and its successors, does covenant, promise, and agree, to and with the Grantee, and its assigns, that except for the Permitted Exceptions, the Grantor has not done or suffered to be done, anything whereby the Property hereby granted is, or may be, in any manner encumbered or charged, except as herein recited; and that except for the Permitted Exceptions, said Property, against all persons lawfully claiming, or to claim the same, by, through or under it, it WILL WARRANT AND FOREVER DEFEND.

IN WITNESS WHEREOF, the Grantor has caused its name to be signed to these presents as of the day and year first above-written.

MORTON INTERNATIONAL, INC.,
an Indiana corporation, formerly known as New
Morton International, Inc., an Indiana corporation

By: 

Print Name: Bradley J. Bell

Title: Vice President & Chief Financial Officer

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APR 27 2000

U.S. EPA—REGION 5

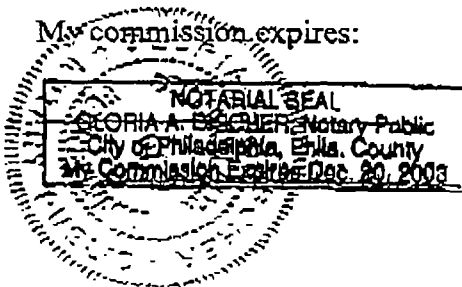
STATE OF Pennsylvania)
COUNTY OF Philadelphia) ss.

I, Gloria Dischen, Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Deedley J. Bell the Vice President & CFO of MORTON INTERNATIONAL, INC., an Indiana corporation, personally known to me to be the same person whose name is subscribed to the foregoing instrument as such Vice President's CFO, appeared before me this 28th day of February, 2000 and acknowledged that he signed and delivered the said instrument as his own free and voluntary act, and as the free and voluntary act of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal this 28th day of February, 2000.

Gloria C. Dischen
Notary Public

My commission expires:



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APR 27 2000
U.S. EPA—REGION 5

Exhibit A

LOTS 2, 3, AND LOT 4 (EXCEPT THE NORTH 271.22 FEET OF LOT 4) OF
BATAVIA INDUSTRIAL PARK, IN THE CITY OF BATAVIA, KANE COUNTY,
ILLINOIS.

RECEIVED

APR 27 2000

FROM RECORDS SECTION
Waste, Pesticides & Toxics Division
U. S. EPA—REGION 5

Property Address:

1500 Lathem Street
Batavia, IL 60510

Permanent Index Numbers:

12-13-376-002
12-13-376-003
12-13-376-004

United States Environmental Protection Agency
Washington, DC 20460



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

[illegible]**I. Name of Installation**

MORTON COATINGS INC BATAVIA FACILITY

II. Installation Manual

Street or P.O. Box

C		1 5 0 0 L A T H E M S T R E E T																		State		ZIP Code			
3																									
C		B A T A V I A																		I L		6 0 5 1 0			
4																									

III. Location of Installation

Street or Route Number

C		Street or Route Number																				State		ZIP Code							
5		1	5	0	0		L	A	T	H	E	M		S	T	R	E	E	T												
C		City or Town																				State		ZIP Code							
6		B	A	T	A	V	I	A																			I	L	60510		

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C	E	U	G	E	N	E	M	U	R	P	H	Y	V	P	7	0	8	8	7	9	6	8	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

MORTON COATINGS, INC.															P														
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

I	L	D	0	9	5	3	0	9	6	4	7
---	---	---	---	---	---	---	---	---	---	---	---

ID — For Official Use Only																
C															T/A	C
W																1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 3				
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Eugene W. Murphy</i>	Name and Official Title (type or print) EUGENE MURPHY V.P. OPERATIONS	Date Signed 4/18/90
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not a file



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD095309647

REACKNOWLEDGEMENT

WHITTAKER CORP BATAVIA CT68 & CHEM DIV
P O BOX 428
BATAVIA IL 60510

INSTALLATION ADDRESS

1500 LATHAM ST
BATAVIA IL 60510



443
Legal Department
Whittaker Corporation
10880 Wilshire Boulevard
Los Angeles, California 90024
213/475-9411

File Number

November 18, 1980

Permit Contact (5EP)
United States Environmental
Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Re: WHITTAKER CORPORATION - BATAVIA COATINGS &
CHEMICALS DIVISION - EPA ID NO. UNKNOWN

Gentlemen:

Enclosed is the Part A, Forms 1 and 3 for the Batavia
Coatings & Chemicals Division ("Batavia") of Whittaker
Corporation.

A Form 8700-12, Notification of Hazardous Waste Activity,
was filed on behalf of Batavia on August 18, 1980. An EPA
identification number has not been received. Please contact
me as soon as possible with the identification number.

Very truly yours,

A handwritten signature in cursive script that reads 'Carol S. May'.

Carol S. May

CSM/hf

Enclosures

cc: Wendell Ellis w/encl.
Gregory Parkos
A. E. Burns, Jr.
Douglas W. Huemme

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	<div>1LD095309647</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div> <div>001421 AUG 20 80</div>
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS	
CTGS	
INSTALLATION'S EPA I.D. NUMBER	APPROVED
1LD09530964721	A
DATE RECEIVED (yr., mo., & day)	8/20/80
WHITTAKER CORP COATINGS + CHEMICAL DIV	

I. NAME OF INSTALLATION

BATAVIA COATINGS & CHEMICALS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31500 LATHAM STREET PO BOX 428

CITY OR TOWN ST. ZIP CODE

4BATAVIA IL 60510

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

51500 LATHAM STREET

CITY OR TOWN ST. ZIP CODE

6BATAVIA IL 60510

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) PHONE NO. (area code & no.)

2ELLIS WENDELL GENERAL MANAGER 312-879-6800

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8WHITTAKER CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION ☐ B. TRANSPORTATION (complete item VII)
☒ C. TREAT/STORE/DISPOSE ☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

1LD095309647

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26 7	2 F 0 0 3 23 - 26 8	3 F 0 0 5 23 - 26 08 05 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	4 23 - 26 11	5 23 - 26 12	6 23 - 26
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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

12 K 0 7 8 23 - 26 19	14 K 0 7 9 23 - 26 20	15 23 - 26 21	16 K 0 8 2 23 - 26 22	17 23 - 26 23	18 23 - 26 24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26 37	32 U 0 3 1 23 - 26 38	33 U 1 0 7 23 - 26 39	34 U 1 1 2 23 - 26 40	35 U 1 4 0 23 - 26 41	36 U 1 4 7 23 - 26 42
43 U 1 5 4 23 - 26	44 U 1 5 9 23 - 26	45 U 1 6 1 23 - 26	46 U 1 6 2 23 - 26	47 U 1 7 1 23 - 26	48 U 2 2 0 23 - 26
49 U 2 2 3 23 - 26	50 U 2 2 8 23 - 26	51 U 2 3 8 23 - 26	52 U 2 3 9 23 - 26	53 U 0 4 3 23 - 26	54 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

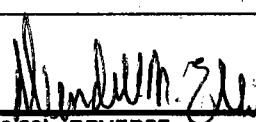
49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input checked="" type="checkbox"/> 1. IGNITABLE (D001)	<input type="checkbox"/> 2. CORROSIVE (D002)	<input type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D000)
---	--	---	--

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Wendell N. Ellis General Manager	DATE SIGNED 7/31/80
--	--	------------------------

6601

Morton International

Specialty Chemicals Group

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

April 18, 1990

Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
P. O. Box 19276
Springfield, IL 62794-9276
Attn: Mr. Jim Pierce

Re: Ill. EPA Number 0890100007

Dear Mr. Pierce:

Enclosed are copies(2) of USEPA form 8700-12 for submission to the Agency. This is a "Subsequent Notification" and is intended to cover only change of ownership at this facility. Previous owner was:

Whittaker Corporation
10880 Wilshire Boulevard
Los Angeles, CA 90024-4163

The new owner is:

Morton Coatings, Incorporated
110 North Wacker Drive
Chicago, IL 60606

Please record this change effective March 31, 1990 in the file referenced above.

Sincerely yours,

Eugene M. Murphy

Eugene M. Murphy
Vice President - Operations
Batavia Facility
1500 Lathem Street
Batavia, IL 60510

APR 20 1990

U.S. EPA REGION IV

RECEIVED

APR 22 1990

IEPA/DLPC

FWSC Facility Name Change

FOR OFFICIAL USE ONLY

APPLICATION DATE RECEIVED
APPROVED (yr, mo, & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)		
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE

UNIT OF MEASURE CODE

GALLONS.....G

LITERS.....L

CUBIC YARDS.....Y

CUBIC METERS.....C

GALLONS PER DAY.....U

UNIT OF MEASURE

UNIT OF MEASURE CODE

LITERS PER DAY.....V

TONS PER HOUR.....D

METRIC TONS PER HOUR.....W

GALLONS PER HOUR.....E

LITERS PER HOUR.....H

UNIT OF MEASURE

UNIT OF MEASURE CODE

ACRE-FEET.....A

HECTARE-METER.....F

ACRES.....B

HECTARES.....Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

1

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)			1. AMOUNT	2. UNIT OF MEA- SURE (enter code)
X-1	S 02	600	G	5			
X-2	T 03	20	E	6			
1	S 01	10,000	G	7			
2				8			
3				9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04")

ACH PROCESS ENTERED HERE

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. /JZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T	0	3	D	8	0		
X-2	D 0 0 2	400	P	T	0	3	D	8	0		
X-3	D 0 0 1	100	P	T	0	3	D	8	0		
X-4	D 0 0 2									included with above	

EPA ID NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
Z L 0 0 9 5 3 0 9 6 4 7 3										W DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
23	26	27	35	36	27	29	27	29	27	29	27	29							
001	K 07 8	75,000	P	S 0 1	DW														
002	K 0 7 9				DW							Included with above							
003	K 08 0				DW							Included with above							
001	F 0 0 2	75,000	P	S 0 1								" " "							
001	F 0 0 3											" " "							
001	F 0 0 5											" " "							
001	U 0 0 2											" " "							
001	U 0 3 1											" " "							
001	U 0 4 3											" " "							
001	U 1 0 7											" " "							
001	U 1 1 2											" " "							
001	U 1 4 0											" " "							
001	U 1 4 7											" " "							
001	U 1 5 4											" " "							
001	U 1 5 9											" " "							
001	U 1 6 1											" " "							
001	U 1 6 2											" " "							
001	U 1 7 1											" " "							
001	U 2 2 0											" " "							
001	U 2 2 3											" " "							
001	U 2 2 8											" " "							
001	U 2 3 8											" " "							
001	U 2 3 9											" " "							
02	K 0 8 2	2,000	P	S 0 1	DW														
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTE (see instructions)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3

EPA I.D. NO. (enter from page 1)

F6L009530964736

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment and disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

41 52 05.0

088 16 17.0

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

RONALD C. MOSS, P.

Ronald C. Moss

11/19/80

5HS-12

JUN 08 1988

Mr. Gene Murphy
Whittaker Corporation
Batavia Coatings & Chemical Division
1500 Lathem Street
Batavia, Illinois 60510

Re: Whittaker Corporation
ILD 095 309 647

Dear Mr. Murphy:

The United States Environmental Protection Agency has reviewed the information which you submitted to this office on June 1, 1988. The stated actions appear to adequately address the land disposal restrictions deficiency outlined in our May 11, 1988, Notice of Violation.

Your cooperation and efforts in this matter are appreciated. Should you have further questions, please feel free to contact Ms. Sharon Travis of my staff at (312) 886-6533.

Sincerely yours,

Paul E. Dimock, Chief
IL/MI/WI Enforcement Program Section

cc: Glenn Savage, IEPA, FOS
Harry Chappel, IEPA, CMS

CONCURRENCES

SYMBOL	SURNAME	DATE
	<i>D.R.</i>	<i>6-7-88</i>
	<i>P.E.D.</i>	<i>6-8-88</i>

EPA Form 1320-1 (12-70)

OFFICIAL FILE COPY

*U.S. GPO : 1985-467-853

MAY 11 1988

5HS-12

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Gene Murphy
Whitaker Corporation
Batavia Coatings & Chemical Division
1500 Lathem Street
Batavia, Illinois 60510

Re: Notice of Violation
Whitaker Corporation
Batavia Coatings & Chemical Division
ILD 095 309 647

Dear Mr. Murphy:

On March 15, 1988, the Illinois Environmental Protection Agency (IEPA), representing the U.S. Environmental Protection Agency, conducted a Resource Conservation and Recovery Act (RCRA) inspection of the above-referenced facility. The purpose of the inspection was to determine the facility's compliance with the applicable hazardous waste management requirements of RCRA, including the Federal land disposal restrictions. The Land Disposal Restrictions for F001-F005 spent solvents became effective on November 8, 1986, (40 CFR Part 268, and revisions to 40 CFR Parts 260-265 and 270-271).

With respect to the land disposal restrictions section of the inspection, your facility was found to be in violation of the following:

Failure to provide a separate written notice attached to the manifest for each shipment of F-solvent wastes with the U.S. EPA hazardous waste numbers, the applicable treatment standards, manifest number, and waste analysis data, where available, as required by Section 268.7(a)(1).

A copy of the inspection report is enclosed for your records. Please submit to this office, within thirty (30) days of receipt of this Notice of Violation, documentation demonstrating that the above-cited violation has been corrected.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

3. Article Addressed to:

4. Article Number

Type of Service:

- Always obtain signature of addressee
or agent and DATE DELIVERED.

X

6. Signature — Agent

✕

7. Date of Delivery

5-13-88

8. Addressee's Address (*ONLY if requested and fee paid*)

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

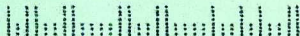
RETURN
TO



Print Sender's name, address, and ZIP Code in the space below.

Ms. Sharon Travis (SHS-12)

UNITED STATES OF AMERICA
ENVIRONMENTAL PROTECTION AGENCY
230 S. DEARBORN
CHICAGO IL 60604



P-571 916 705

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED


NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 153-506

PS Form 3800, June 1985

Mr. & Mrs. James (545-12)

Sent to <i>Mr. Gene Murphy</i>	
Street and No. <i>1500 Lathem Street</i>	
P.O., State and ZIP Code <i>Batavia, IL 60510</i>	
Postage	\$ <i>45</i>
Certified Fee	<i>85</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>90</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>2.20</i>
Postmark or Date 	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

- 2 -

and indicating what measures have been initiated to assure future compliance. Failure to correct the violation may subject the facility to further Federal enforcement action.

If you have any questions regarding this correspondence, please contact Ms. Sharon R. Travis of my staff at (312) 886-6533.

Sincerely yours,

Paul E. Dimock, Chief
IL/MI/WI Enforcement Programs Section

Enclosure

cc: Harry Chappel, IEPA
Glenn Savage, IEPA

CONCURRENCES

SYMBOL								
SURNAME	O.R.			PEL				
DATE	5/10/88	5/10/88		5-10-88				

EPA Form 1320-1 (12-70)

OFFICIAL FILE COPY

*U.S. GPO : 1984-436-836



Whittaker Coatings
Batavia Division
1500 Lathem Street
Batavia, Illinois 60510
312/879-6800
TWX 910-236-0948

June 1, 1988

United States Environmental Protection Agency
Region 5
230 South Dearborn Street
Chicago, Illinois 60604

Attn: 5HS-12
Mr. Paul E. Dimock

Dear Mr. Dimock:

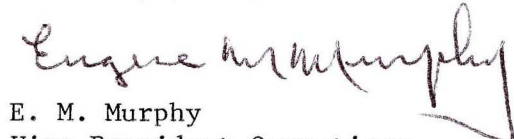
I have reviewed your Notice of Violation dated May 11, 1988. Until receipt of your letter, we were not aware of this particular requirement for generators of hazardous wastes.

On May 24, 1988 I contacted Ms. Sharon Travis of your office who was most helpful in clarifying the details of the manifest attachment as well as in furnishing a sample form.

Effective immediately, we will prepare a waste identification statement for each load leaving our site. This sheet will accompany the shipment and a duplicate will be retained in our hazardous waste management file.

Enclosed is a sample of the format we intend to use. Any comment would be appreciated.

Sincerely yours,


E. M. Murphy
Vice President Operations
ILD 095 309 647

EMM/mam

Attachment

RECEIVED
JUN 6 1988

OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

Company WHITTAKER CORP. - BATAVIA DIVISION Address 1500 LATHEM, BATAVIA, IL 60510

U.S. EPA ID # ILD095309647 Manifest # 1876103

This serves as notification that the above-referenced waste stream is affected by the U.S. EPA Land Disposal Restrictions set forth in 40 CFR 268. The following indicated substances and treatment standards are those applicable to this waste stream.

TREATMENT STANDARDS FOR SPENT SOLVENT WASTES

TREATMENT STANDARDS
FOR CALIFORNIA LIST CONSTITUENTS

FO01 - FO05 Spent Solvents	Waste Waters Containing Spent Solvents	All Other Spent Solvent Waters	Constituent	Concentration**
	Concentration mg/L	Concentration mg/L		(mg/L)
___ Acetone	0.05	0.59	___ Cyanides	1000
___ n-Butyl alcohol	5.0	5.0	___ Arsenic	500
___ Carbon disulfide	1.05	4.81	___ Cadmium	100
___ Carbon tetrachloride	.05	.96	___ Chromium VI	500
___ Chlorobenzene	.15	.05	X Lead [†]	500
___ Cresols (and Cresylic acid)	2.82	.75	___ Mercury	20
___ Cyclohexanone	.125	.75	___ Nickel	134
___ 1,2-Dichlorobenzene	.65	.125	___ Selenium	100
___ Ethylacetate	.05	.75	___ Thallium	130
___ Ethyl benzene	.05	.053	___ Liquids with pH \leq 2.0	---
___ Ethyl ether	.05	.75	___ Liquids with PCB's	50 ppa
___ Isobutanol	5.0	5.0	X Wastes containing HOC's*	
___ Methanol	.25	.75	- Liquid containing HOC's	1000 mg/L
___ Methylene chloride	.20	.96	- Solid containing HOC's	1000 mg/kg
___ Methylene chloride (from the pharmaceutical industry)	12.7	.96		
___ Methyl ethyl ketone	0.05	0.75	* Halogenated organic compounds	
X Methyl isobutyl ketone	0.05	0.33	** Cyanide and metal concentrations subject to change with issuance of final regulation.	
___ Nitrobenzene	0.66	0.125	See 52 FR 29992, August 12, 1987	
___ Pyridine	1.12	0.33		
___ Tetrachloroethylene	0.079	0.05		
X Toluene	1.12	0.33		
___ 1,1,1-Trichloroethane	1.05	.41		
___ 1,2,3-Trichloro	1.05	0.96		
___ -1,2,2-trifluoroethane				
___ Trichloroethylene	0.062	0.091		
___ Trichlorofluoromethane	0.05	0.96		
X Xylene	0.05	0.15		

The above information is based upon () an attached waste analysis or (X) generator knowledge of the waste stream(s).

GENERATOR INFORMATION

Signed Eugene M. Murphy Printed Name EUGENE M. MURPHY
Title VICE PRESIDENT - OPERATIONS Date 1 JUNE 1988



217/782-6761

Refer to: # 0090100007 -- Kane County
Whittaker Corp.
ILD 095309647
RCRA - Permits

May 6, 1988

Whittaker Corp.
1800 Lathem Street
Batavia, Illinois 60510

Attn: Environmental Coordinator or
Plant Manager

Dear Sir:

According to Agency files, your facility currently manages hazardous waste in containers and/or tanks subject to the requirements of 35 IAC 700-725. 35 IAC 703.157(f) states that interim status for any hazardous waste storage or treatment facility will be terminated November 8, 1992, unless the facility submits Part B of the RCRA permit application for these units to this Agency by November 8, 1988. This letter is written to (1) make you aware of this requirement and (2) describe the actions which must be taken in response to this requirement.

According to 35 IAC 703.157(f), if an existing facility desires to (1) store hazardous waste on-site for greater than ninety (90) days, (2) treat hazardous waste, or (3) store hazardous waste as a commercial facility after November 8, 1992, it must submit Part B of the RCRA permit application to this Agency by November 8, 1988. The information which must be contained in this application is described in 35 IAC 703, Subpart D. The enclosed document, entitled "RCRA Permit Guidance" provides more detail regarding the necessary contents of the application and also identifies several guidance documents which will be useful in developing the application. Also included in this document is the form which must be used when submitting the application.

If a facility does not desire to continue storing and/or treating hazardous waste after November 8, 1992, it must close the storage and/or treatment unit(s) present at the facility prior to this date. Closure, in this instance, basically means that all contamination must be removed from the unit(s) and if necessary, from the area surrounding these units. The requirements which must be met in closing these units are contained in 35 IAC 725, Subpart G. For your convenience, guidance for the development of a closure plan is contained in the enclosed document entitled "Instructions for the Preparation of Closure Plans for Interim Status RCRA Hazardous Waste Facilities." PLEASE NOTE THAT A CLOSURE PLAN DOES NOT NEED TO BE SUBMITTED AT THIS TIME. IT MUST HOWEVER, BE SUBMITTED TO THE AGENCY NO LATER THAN MAY 8, 1992.



Page 2

In some instances, there may be several interim status hazardous waste management units at a facility. The facility may desire to pursue a final RCRA permit for a portion of these units and close the rest of them. Because of the uncertainty associated with this option, all interim status units at a facility must be included in Part B of the RCRA permit application, unless a closure plan for the units being closed is submitted with the Part B. If a closure plan is submitted with the Part B, the application need only address those units which will remain in operation.

The only alternatives available for hazardous waste treatment and storage facilities to meet the requirements of 35 IAC 703.157(f) are (1) submit Part B of the RCRA permit application by November 8, 1988 or (2) close by November 8, 1992. However, some facilities may have previously filed Part A of the RCRA permit application in error and now feel that the hazardous waste management activities carried out at the facility do not require a RCRA permit (i.e. the Part A was filed for protective measures). If this is the case, the Agency requests that information supporting this position be submitted no later than November 8, 1988. The Agency can then review the information submitted and correct its records accordingly. The information which must be submitted to make this demonstration is contained in the enclosed document entitled "Facility Part A Withdrawal Request Form."

Finally, some facilities may have closed or are currently closing in accordance with an IEPA approved closure plan. (Please bear in mind this letter is going out to over 200 facilities; some closed facilities may inadvertently receive this letter.) In this instance, the Agency requests that a copy of (1) the closure plan approval letter and (2) the letter from the Agency accepting the certifications of the owner/operator and the registered professional engineer that closure was carried out in accordance with the approved closure plan (if closure has been completed) be submitted by November 8, 1988. The Agency will again be able to review this information and correct its records accordingly.

Because of the large number of facilities subject to the requirements of 35 IAC 703.157(f), the Agency requests that all facilities receiving this letter complete the enclosed form entitled "RCRA Permit Information Form." The form has been developed such that it can be used by a facility falling into any of the five categories described above (pursuing a final permit, planning to close, pursuing a permit for only a portion of the interim status units and closing the other units, protective filers, closed in accordance with an IEPA approved closure plan). This form must be submitted to the Agency no later than November 8, 1988, along with all required attachments. Failure to do so may subject a facility to enforcement under State and/or Federal regulations and possible monetary penalties up to \$25,000 per day of noncompliance.



Page 3

The RCRA Permit Information Form and all required attachments must be submitted in triplicate (original and two (2) copies) to the following address:

Permit Section, RCRA Unit
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
P.O. Box 19276
Springfield, IL 62794-9276

If you have any questions regarding this letter, please contact Jim Moore at 217/782-0875.

Very truly yours,

Lawrence W. Eastep, P.E., Manager
Permit Section
Division of Land Pollution Control

LWE:JXM:dkb/12303/17443/1-3

Enclosures

cc: Division File
Compliance
Maywood Region
USPEA Region V

MAR 29 1985
MAR 29 1985

5HS-12

Mr. Robert K. Bennett
Whittaker Corporation-
Batavia Coatings Division
1500 Lathen Street
P.O. Box 428
Batavia, Illinois 60510

Re: Withdrawal of Part A
Whittaker Corporation-
Batavia Coatings Division
ILD 095309647

Dear Mr. Bennett:

The United States Environmental Protection Agency has reviewed your request to withdraw you Part A hazardous waste permit application. On the basis of the information you provided, we determined that your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR 265 (or 35 Illinois Administrative Code Section 725). Therefore, a closure plan must be submitted directly to Mr. Larry Eastep, Permit Section, Division of Land Pollution Control, Illinois EPA, 2200 Churchill Road, Springfield, Illinois 62706. Requirements for closure are found at 35 Illinois Administration Code 725. Questions on closure should be directed to Illinois EPA at the above address.

Sincerely yours,

Horst Witschonke
Chief, Illinois Unit

cc: Larry Eastep, IEPA
Bill Radlinski, IEPA
Ken Bechely, IEPA/FOS

bcc: Mary Villareal, AIS

5HS-12:D.SPENCER:fr:3/28/84

INITIALS	DATE	LIST	AUTHOR	STU W1	STU W2	STU W3	T S
FR	3/28/85		DND	CHIEF	CHIEF	CHIEF	CHIEF

Not file copy

Whittaker

Batavia Coatings Division
Whittaker Corporation
1500 Latham Street
Batavia, Illinois 60510
312/879-6800
TWX 910-236-0948

September 7, 1983

United States Environmental Protection Agency
Region V
111 West Jackson Blvd.
Chicago, IL 60604
ATTN: Manager, Waste Management Division

LD 095-309 647 PA,GTSD

Dear Sir:

We have received an inquiry from the Illinois Environmental Agency's Division of Land Pollution Control in regards to Whittaker Corporation not filing a letter of financial responsibility for our former plant known as Rockdale Coatings Division of Whittaker Corporation located at 200 Moen Avenue, Rockdale, Illinois 60436. This plant's Generator Number was 1970850002G. This division was closed in August of 1982. It was a leased facility and both the landlord and the Illinois EPA inspected the plant prior to its final closure. Somehow your office was not notified and I apologize for the delay. Please remove this plant from your files.

Sincerely,

Batavia Coatings Division
WHITTAKER CORPORATION



Robert K. Bennett
Operations Manager

RKB/km

cc: Mr. Andrew Vollmer
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL 62706

W. Ellis
F. Francis
A. Simmons

NO ACTION TAKEN
PENDING DECISION ON WITHDRAWAL
BY EPA STAFF

DATE

RECEIVED
9/13/83

RECEIVED
SEP 12 1983
WASTE MANAGEMENT
BRANCH



*Part A / Part B
withdrawals are being
processed - per 4/10/84
printouts*

Whittaker Corporation
10880 Wilshire Boulevard
Los Angeles, California 90024-9990
213/475-9411

April 9, 1984

Registered Mail
Receipt Requested

Mr. Thomas Golz (5HW-12)
United States Environmental
Protection Agency
230 South Dearborn
Chicago, Illinois 60604

Re: Batavia Coatings Division
IL D095309647

Dear Mr. Golz:

Enclosed is a copy of our May 4, 1983 request to withdraw Batavia Coatings Division from interim status as owners and operators of hazardous waste treatment, storage, and disposal facility and become a generator of hazardous waste only.

If there are any questions or you need any further information, please contact Mr. Robert K. Bennett, Batavia Coatings Division, Whittaker Corporation, 1500 Lathem Street, P.O. Box 428, Batavia, Illinois 60510.

Regards,

John J. Peloquin
Corporate Hygienist & Environmental Engineer

JJP:ov

cc: Al Simmons, Director of Safety & Environmental Affairs
Bob Bennett, Operations Manager, Batavia Coatings
Steve Wilder, Corporate Risk Manager

RECEIVED
APR 12 1984
**WASTE MANAGEMENT
BRANCH**



Batavia Coatings Division
Whittaker Corporation
1500 Lathem Street
P.O. Box 428
Batavia, Illinois 60510
312/879-6800 TWX 910-236-0948

Registered Mail
Receipt Requested

May 4, 1983

Brad Benning
IEPA/EPS
1701 S. First Street
Maywood, Illinois 60153

Ref: Batavia Coatings Division
ILD095309647

Dear Mr. Benning:

Please be advised that we wish to withdraw our interim status as owners and operators of hazardous waste treatment, storage, and disposal facility and become a generator of hazardous waste only.

We understand that, as a generator, this facility must comply with all the requirements of 40CFR Part 262 - Standards Applicable To Generators of Hazardous Waste.

If there are any questions or you need any further information, please contact me.

Sincerely,

Batavia Coatings Division
WHITTAKER CORPORATION


Robert K. Bennett
Operations Manager

RKB/bp

cc: A. Simmons

FORM 1

GENERAL



U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

I. EPA I.D. NUMBER

II. POLLUTANT CHARACTERISTICS

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
Batavia Coatings & Chemicals Division

IV. FACILITY CONTACT
A. NAME & TITLE (last, first, & title)
Ellis Wendell General Manager
B. PHONE (area code & no.)
312 879 6800

V. FACILITY MAILING ADDRESS
A. STREET OR P.O. BOX
P.O. Box 428
B. CITY OR TOWN
Batavia
C. STATE
IL
D. ZIP CODE
60510

VI. FACILITY LOCATION
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
1500 Lathem St.
B. COUNTY NAME
Kane
C. CITY OR TOWN
Batavia
D. STATE
IL
E. ZIP CODE
60510
F. COUNTY CODE (if known)

NOV 19 1980

CONTINUE ON REVERSE

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2851	(specify)	C	7	2891	(specify)
15	16	17	18	15	16	17	18
Coatings & Industrial Finishes				Adhesive and Sealants			
C. THIRD				D. FOURTH			
C	7		(specify)	C	7		(specify)
15	16	17	18	15	16	17	18

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?		
C											<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15											66	
8 Whittaker Corp.												

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)			
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)										C A			
P (specify)										213 475 9411			
56										15 16 17 18 19 20 21 22 23 24			

E. STREET OR P.O. BOX									
10880 Wilshire Blvd.									
25									

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B Los Angeles										CA		90024		Is the facility located on Indian lands?	
15 16 17 18 19 20 21 22 23 24										40 41 42		47 48 49 50		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
										52					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C T I 9 N										C T I 9 P									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C T I 9 U										C T I 9									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C T I 9 R										C T I 9									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of coatings and associated products:

Industrial finishes (solvent and water based), plastisols and organosols, container coatings, strippers, repackaging of solvents and thinners.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Ronald C. Moss		Vice President Ronald C. Moss		11/17/80	


COMMENTS FOR OFFICIAL USE ONLY

C									
15									

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S

F

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

443

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C

8

15

YR.

7

73

MO.

9

74

DAY

0

75

6

76

1

77

0

78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.

MO.

DAY

73

74

75

76

77

78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.

2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PRO-CESS CODE

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

PROCESS

PRO-CESS CODE

APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY

Storage:

CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS

TANK S02 GALLONS OR LITERS

WASTE PILE S03 CUBIC YARDS OR CUBIC METERS

SURFACE IMPOUNDMENT S04 GALLONS OR LITERS

Disposal:

INJECTION WELL D79 GALLONS OR LITERS

LANDFILL D80 ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER

LAND APPLICATION D81 ACRES OR HECTARES

OCEAN DISPOSAL D82 GALLONS PER DAY OR LITERS PER DAY

SURFACE IMPOUNDMENT D83 GALLONS OR LITERS

Treatment:

TANK T01 GALLONS PER DAY OR LITERS PER DAY

SURFACE IMPOUNDMENT T02 GALLONS PER DAY OR LITERS PER DAY

INCINERATOR T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) T04 GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE

UNIT OF MEASURE CODE

UNIT OF MEASURE

UNIT OF MEASURE CODE

UNIT OF MEASURE

UNIT OF MEASURE CODE

GALLONS G

LITERS L

CUBIC YARDS Y

CUBIC METERS C

GALLONS PER DAY U

LITERS PER DAY V

TONS PER HOUR D

METRIC TONS PER HOUR W

GALLONS PER HOUR E

LITERS PER HOUR H

ACRE-FEET A

HECTARE-METER F

ACRES B

HECTARES Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S

C

DUP

T/A

C

1

1

2

13

14

15

LINE NUMBER

A. PRO-CESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

1. AMOUNT (specify)

2. UNIT OF MEASURE (enter code)

FOR OFFICIAL USE ONLY

LINE NUMBER

A. PRO-CESS CODE (from list above)

B. PROCESS DESIGN CAPACITY

1. AMOUNT

2. UNIT OF MEASURE (enter code)

FOR OFFICIAL USE ONLY

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

X-1

S

0

2

600

G

X-2

T

0

3

20

E

1

S

0

1

10,000

G

2

3

4

16

17

18

19

20

21

22

23

24

25

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27

28

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30

31

32

EPA Form 3510-3 (6-80)

PAGE 1 OF 5

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter “000” in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter “included with above” and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)			D. PROCESSES							
	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2											included with above	

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																						
S W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26													S W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26																																						
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																																			
A. EPA HAZARD. WASTE NO. (enter code)													B. ESTIMATED ANNUAL QUANTITY OF WASTE													C. UNIT OF MEASURE (enter code)													D. PROCESSES												
1. PROCESS CODES (enter)													2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																						
23 - 26 27 - 30 31 - 34 35 - 38 39 - 42 43 - 46 47 - 50 51 - 54 55 - 58 59 - 62 63 - 66 67 - 70 71 - 74 75 - 78 79 - 82 83 - 86 87 - 90 91 - 94 95 - 98 99 - 102													27 - 29 27 - 29 27 - 29 27 - 29																																						
1 K 07 8 75,000 P S0 1																																																			
2 K 0 79													Included with above																																						
3 K 08 0													Included with above																																						
4 F 0 02													" " "																																						
5 F 00 3													" " "																																						
6 F 0 05													" " "																																						
7 U 0 02													" " "																																						
8 U 0 31													" " "																																						
9 U 43													" " "																																						
10 U 1 07													" " "																																						
11 U 1 1 2													" " "																																						
12 U 1 4 0													" " "																																						
13 U 1 4 7													" " "																																						
14 U 1 5 4													" " "																																						
15 U 1 5 9													" " "																																						
16 U 1 6 1													" " "																																						
17 U 1 6 2													" " "																																						
18 U 1 7 1													" " "																																						
19 U 2 2 0													" " "																																						
20 U 2 2 3													" " "																																						
21 U 2 2 8													" " "																																						
22 U 2 3 8													" " "																																						
23 U 2 3 9													" " "																																						
24 K 0 8 2 2,000 P S0 1																																																			
25																																																			
26																																																			

IV. DESCRIPTION OF HAZARDOUS WASTE

S (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)														
S													T/A	C
F														6
1	2											13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
	4	1		5	2		00	5			0	88		16		01	7		
	65	66		67	68		69	71			72	74		75	76		77	79	

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
E																			
3. STREET OR P.O. BOX										4. CITY OR TOWN									
F										G									
15 16										45 15 16									
5. ST.										6. ZIP CODE									
15 16										40 41 42									

IX. OWNER CERTIFICATION

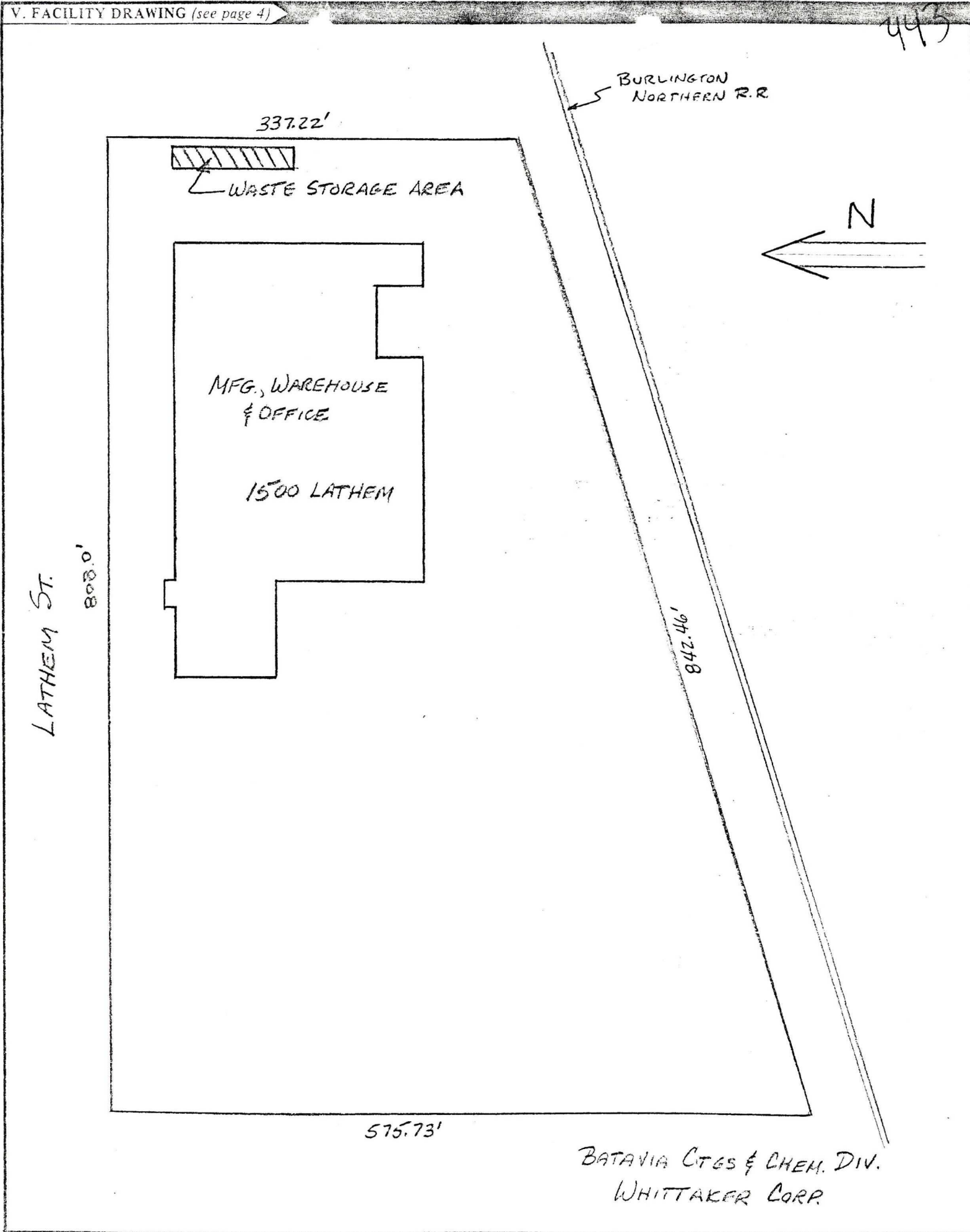
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RONALD C. MOSS	Ronald C. Moss	11/19/80





443
Legal Department
Whittaker Corporation
10880 Wilshire Boulevard
Los Angeles, California 90024
213/475-9411

File Number

November 18, 1980

Permit Contact (5EP)
United States Environmental
Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Re: WHITTAKER CORPORATION - BATAVIA COATINGS &
CHEMICALS DIVISION - EPA ID NO. UNKNOWN

Gentlemen:

Enclosed is the Part A, Forms 1 and 3 for the Batavia
Coatings & Chemicals Division ("Batavia") of Whittaker
Corporation.

A Form 8700-12, Notification of Hazardous Waste Activity,
was filed on behalf of Batavia on August 18, 1980. An EPA
identification number has not been received. Please contact
me as soon as possible with the identification number.

Very truly yours,

Carol S. May

Carol S. May

CSM/hf

Enclosures

cc: Wendell Ellis w/encl.
Gregory Parkos
A. E. Burns, Jr.
Douglas W. Huemme

443

